COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: September 9, 2003
File No. 0941.68343

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Osamu Yoshida

For:  INFORMATION STORAGE APPARATUS THAT
CAN RELOCATE DATA TO BE STORED IN
DEFECTIVE SECTORS

Enclosed are:

(X)  __26__ pages of specification, including _8_ claims and an abstract.

(  )  an executed oath or declaration, with power of attorney.

(X)  an unexecuted oath or declaration, with power of attorney.

(  )  ___ sheet(s) of informal drawing(s).

(X)  __10__ sheet(s) of formal drawings(s).

(  )  Assignment(s) of the invention to _____ and Assignment Cover Sheet.

(  )  A check in the amount of $_____ to cover the fee for recording the assignment(s).

(X)  Information Disclosure Statement, Form PTO-1449 and cited references.

(X)  Claim for Priority and Priority Document.
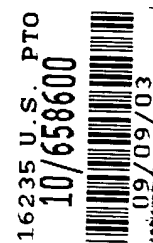
## Fee Calculation For Claims As Filed

| | | | | | |
|---|---|---|---|---|---|
| a) | Basic Fee | | | | $ 750.00 |
| b) | Independent Claims | _2_ - 3 = ____ | x $ 84.00 | = | $_____ |
| c) | Total Claims | _8_ - 20 = ____ | x $ 18.00 | = | $_____ |
| d) | Fee for Multiple Dependent Claims | | $ 280.00 | = | $_____ |

Total Filing Fee      $ 750.00

(  )  Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to      $_____

(  )  A check in the amount of $_____ to cover the filing fee is enclosed.

(  )  Charge $_____ to Deposit Account No. 07-2069.

(  )  ~~The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.~~

Respectfully submitted,

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